



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

PHYSICAL THERAPY TODAY  
2431 SOUTH LOOP 289  
LUBBOCK TEXAS 79423

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

PROTECTIVE INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 17

#### **MFDR Tracking Number**

M4-12-2400-01

#### **MFDR Date Received**

March 19, 2012

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Corrected claim has been submitted several times, unable to get response from adjuster on payment or process status. Several other dates of services have been paid except [sic] this one."

**Amount in Dispute:** \$267.28

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The insurance carrier did not respond to the DWC060 request. A copy was placed in the carrier representative box 17 on March 20, 2012 and was picked up and signed for by "JW" on March 20, 2012. The division will therefore proceed with the audit and consider the documentation presented at the time of the audit.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 24, 2011 and August 25, 2011	97140-59-GP, 97110-59-GP, 97150-GP, G0283-GP and 97035-59-GP	\$267.28	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization, concurrent review and voluntary certification of health care.
3. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional services.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 20, 2011

- 39 – Srvs denied at time Preauth requested
- B20 – Srvc partially/fully furnished by another provider

Explanation of benefits dated November 29, 2011

- 193 – Original payment decision maintained
- 39 – Srvs denied at time Preauth requested
- B20 – Srvc partially/fully furnished by another provider

### **Issues**

1. Did the requestor obtain preauthorization for the disputed charges?
2. Did the requestor bill for services in conflict with NCCI edits?
3. Did the requestor meet the documentation requirements for appending modifier -59?
4. Is the requestor entitled to reimbursement?

### **Findings**

1. 28 Texas Administrative Code §134.600 states in pertinent part, “(p) Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels.”
  - Review of the documentation titled “Patient Notes for [Injured Employee] #16115 March 14, 2012, states in pertinent part, “June 8, 2011 3:20pm Mary Jane Espinoza-Received letter of Auth. For 12 visits to Begin: 06-03-11/ End: 07-29-11 with the following cpt codes: (Aquatic/Neuro/Ther Ex/Ther Act/Manual/E-Stim/U-S/Gait Tr/Group) with auth# 795551161. I will let front office know that the patient is good for 23 visits. MJE.” “August 4, 2011 12:50pm Mary Jane Espinoza-I contacted Emma at preauth. Dept to get an update on the End Date Extension and per Emma 800-247-6693, the END Date Extension is authorized up to 08-26-11. I will let front office know that patient is good for the remainder 8 visits left on current auth. MJE.”
  - The requestor disputes dates of service August 24, 2011 and August 25, 2011, according to the information provided above an extension was provided by the insurance carrier extending the end date to August 26, 2011. Therefore, the disputed charges will be reviewed according to the applicable guidelines.
2. 28 Texas Administrative Code §134.203 states in pertinent part, “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”
3. The requestor billed CPT codes 97140-59-GP, 97110-59-GP, 97150-GP, 97035-59-GP and G0283-GP on August 24, 2011.
  - The requestor dispute non-payment of CPT codes 97140-59-GP, 97110-59-GP, 97150-59-GP, 97035-59-GP and G0283-GP rendered on August 24, 2011.
  - Per CCI Guidelines, Procedure Code 97110 has a CCI conflict with Procedure Code 97150.
  - Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97150.
  - No CCI edit conflicts were identified for CPT codes 97150-59-GP, 97035-59-GP and G0283-GP rendered on August 24, 2011. As a result, these charges will be reviewed according to the applicable guidelines.
4. The requestor billed CPT codes 97140-59-GP, 97110-59-GP, 97150-GP and G0283-GP on August 25, 2011.
  - The requestor disputes non-payment of CPT code 97140-59-GP, 97110-59-GP, 97150-GP and G0283-GP rendered on August 25, 2011.
  - Per CCI Guidelines, Procedure Code 97110 has a CCI conflict with Procedure Code 97150.
  - Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97150.
  - No CCI edit conflicts were identified for CPT codes 97150-59-GP and G0283-GP rendered on August 25, 2011. As a result, these charges will be reviewed according to the applicable guidelines.

5. The requestor appended modifier -59 to the disputed CPT codes 97140 and 97110. The *CPT Manual* defines modifier -59 as follows: "**Modifier -59: 'Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."
- Review of the submitted documentation does not support the use of modifier -59. As a result, the requestor is not entitled to reimbursement for the disputed CPT codes 97140-59-GP, 97110-59-GP rendered on August 24, 2011 and August 25, 2011.
6. 28 Texas Administrative Code §133.307 states in pertinent part, "(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division... (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute."
- The requestor did not submit medical records for the disputed dates of service rendered on August 24, 2011 and August 25, 2011. As a result, the Medical Fee Dispute resolution is unable to identify whether the services were rendered as billed. Reimbursement cannot be recommended for the disputed timed code procedures.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	June 7, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**